

SERVICE REQUEST FOR PAGER(S) (OTM-20 (6/01))

Agency name

Telephone_____

Contact person

Address & zip code

User name

Telephone

Circle needed coverage

Statewide

Regional

Nationwide

Circle type pager

Numeric

Alphanumeric

2Way

Other

Critical locations

OTM accounting unit to be billed

Approving official/Telecommunications Coordinator (TC)

Telephone

Date of request

Urgency/remarks

Instructions for Service Request for Pagers (OTM-20) (Revised 6/01)

Agency Name	The name of the agency to receive the pager(s).
Contact Person	The name of the person to whom the mail carrier should deliver the pager(s).
Address & Zip Code	The physical address the OTM Wireless Group should use to mail the new or replacement pager(s) so that the mail carrier OTM uses (e.g., UPS, FedEx, or other) knows exactly where to deliver the pager(s).
Telephone	A telephone number for the mail carrier to use to reach the contact person.
User name/Telephone	The name(s) of the person(s) who will use the pager(s), and the area code and telephone number which OTM may use to contact the user(s). Functional title instead of name if more appropriate, e.g., on-call trauma team member, supervisor or electronics telemetry.
Circle Needed Coverage	Circle statewide, regional, or nationwide for coverage needed.
Circle Type Pager	Circle numeric, alphanumeric, or 2Way.
Other	Grouping, color coding, series (LS350, LS550, and LS750) or other attribute if important.
Critical Locations	Any specific locales or regions of the state or country in which reception is going to be critical. Examples include the locale of a person's home if typically there when on-call, the rural areas surrounding the research farm where the person will be working, or the location of major cities nationwide which will be most likely places of travel.
OTM Accounting Unit to be Billed	The OTM Accounting Unit which should be billed for the equipment and service being requested.
Approving Official/ Telecommunication Coordinator (TC)	The name of the authority approving this request.
Telephone	Telephone number and, if available, Internet e-mail address, of the approving official/telecommunications coordinator.
Date of Request	The date this request is being submitted to the OTM Wireless Group.
Urgency/Remarks	Any special remarks regarding the item(s) already entered, or the urgency the pager(s) are needed. For multiple requirements, the names of other users also requiring this same type pager.